PTO/SB/17 (10-07)
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Under the Paperwork Redu	respond to a collection of information unless it displays a valid OMB control number								
Figure on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008				Complete if Known Application Number 10/500,074-Conf. #5329					
				Application Number		June 25, 2004			
				Filing Date		Kazuaki SAKAKI			
						J. P. Sheehan			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1793				
TOTAL AMOUNT OF PAYMENT		(\$) 120.00		Attorney Docket No.		0171-1120PUS1			
METHOD OF PAYMEN	T (check all	that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION		•							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILIN	NG FEES	SE	ARCH FEES	EXAMI	NATION FEE\$:\$		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos F	'aid (\$)	
Utility	310	155	510	255	210	105	10031	ara (p)	
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	020	0			
2. EXCESS CLAIM FEES	2.0		v	v	Ŭ	v	-	Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent claims 370 185									
Total Claims			Paid (\$)	Multiple Dependent Claims					
16 -20 =x =					<u>F</u>	ee (\$)	Fee Paid (\$	1	
HP = highest number of total cla	aims paid for, if (greater than 20.						_	
		Fee (\$)	Fee Paid (\$)						
4 -4=	× _								
HP = highest number of Independent	=	d for, if greater tha	n 3.						
3. APPLICATION SIZE FE If the specification and dr	_	ad 100 shaats s	famer	(evaluding electri	mianilu f	ilad caayamaa ar			
listings under 37 CFR)	
sheets or fraction there						,,			
<u> Total Sheets</u> <u>E</u>	xtra Sheets	<u>Number</u>	of each a	dditional 50 or frac	tion there	of Fee (\$)	Fee F	Paid (\$)	
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
SUBMITTED BY		\overline{A}							
Signature	won	~/4] =		Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205	5-8000	
Name (Print/Type) Gerald M. Murphy, Jr // Date MAY - 9 2008									
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